MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043042
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1912

FILED DEC 9 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0128		
2	1010		1
3			
4	0		
5	1		
6			
7	0		
8	2		
9	331X		
10			
11			
12	5-0		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF
Length of stay in 1b: 4 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA HOSPITAL
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SHANNON
c. CITY OR TOWN: TERESITA
Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): STAR ROUTE
Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First STANLEY Middle LIVINGSTON Last PROVOW

4. DATE OF DEATH: Month NOVEMBER Day 25, Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-2-95

9. AGE (last birthday): 68
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (City and state or country): MONTIER, MISSOURI

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ISSAC PROVOW

13b. MOTHER'S MAIDEN NAME: ADA LEE

14. NAME OF HUSBAND OR WIFE: HELEN PROVOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT Address: VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROSIS — ----
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-21-63 to 11-25-63 and last saw him/her on XXXXXXXXXXX
Death occurred at 4:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. S. Cohen R. S. COHEN, M.D., Chief, Medical Service

22b. ADDRESS: VA Hospital, Poplar Bluff, Mo.

22c. DATE SIGNED: 11-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

23b. DATE: Nov. 26, 1963

23c. NAME OF CEMETERY OR CREMATORY: Mt. View Cem.

23d. LOCATION (City, town, or county) (State): Mt. View. Mo.

24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell PoplarBluff, Mo.

25. DATE RECD. BY LOCAL REG.: 12-2-1963

26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edgar W Taylor

Licensed Embalmer No. 2394

P. O. Address Taylor Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.